



Applicant's Docket No. 117210.00024

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: R. Kumar

Application No.: 09/787,472

Group No.: 2121

Filed: 03/15/2001

Examiner: Hartman Jr., R.

For: HANDHELD COMPUTER WITH DETACHABLE HANDSET

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10\*

☐ as "Express Mail Post Office to Addressee"

Mailing Label No. \_\_\_\_\_ (mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_

Signature

David J. Muzilla

(type or print name of person certifying)

Date: 11-2-04

\* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | SMALL ENTITY        |               |  |       |
|---|---|---------------------------------------|------------------|---------------------|---------------|--|-------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                     |               |  |       |
|   |   |                                       |                  | RATE                | ADDIT.<br>FEE |  |       |
| TOTAL                                     | 27  | – 26                                  | = 1              | x \$ 9.00           | = \$          |  | 9.00  |
| INDEP.                                    | 5   | – 4                                   | = 1              | x \$ 44.00          | = \$          |  | 44.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + \$ 0.00           | = \$          |  | 0.00  |
|   |   |                                       |                  | TOTAL<br>ADDIT. FEE | \$            |  | 53.00 |

Total additional fee for claims required \$53.00

## FEE PAYMENT

5. Attached is a check in the sum of \$55.00. Please charge deposit account 15-0450 for the additional fees.

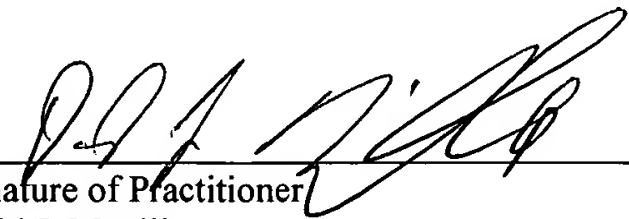
## FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 15-0450.

If an additional fee for claims is required, charge Account No. 15-0450.

Date: 11-2-04

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 Signature of Practitioner  
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